Approved for use through 7/31/2008, CMB 0651-0032 -

PATEN	T APPLICATIO	N FEE DET	ERMINATION	ON RECORD	formation uni	ess I disp	BYO & VISIO OND	Ontrol number
Substitute for Form PTO-875						Application or Docket Number		
CLAIMS AS FILED - PART (" (Column 1) (Column 2)				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	MUMBER FILED	NUM.	IBER EXTRA	RATE	FEE	].		
BASIC FEE P7 GFR 1.16(a))				1	RATE	REE		
TOTAL CLAMS (07 OFR 1.15(d))	minus 2	0 = .				<del> </del>		<u>-</u>
DEPENDENT CLAIMS O7 OFR 1.18(b))	minus			1	<del> </del>	OR	X 5 =	
MULTIPLE DEPENDENT CLAM PRESENT (37 CFR 1.18(4))				\ \ <del>``</del>		OR	XY	
	<u>ا</u>		OR	+ 5				
If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II								
	clams 1)	(Column 2)	(Cotumn 3)	SMALL	МПТҮ	OR	OTHER SMALL	THAN '
E 6/12	EMAINING AFTER ENDMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIDNAL FEE		RATE	ADDI- TIONAL
O CD	15 Minus	20		X 8		OR	-	FEE
C the cut (*1800)	3 Minus	_3	6	X 2 0			X 8	
FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						OR	× 5	
100 0			TOTAL		OR	TOTAL		
11-14-010				ADD'L FEE		OR.	ADD'L FEE	
(Column 1) (Column 2) (Column 3)  CAIMS HIGHEST								
E	MAINING AFTER ENOMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
CO COT CITE I.LICO	Minus		°	X 8 0		OR	× .	FEE
Z Independent (DT CFR 1.140))	2 Minus	"		X		f	-	
FIRST PRESENTATION			OR .	X 8 \				
				TOTAL ADOLFEE		OR [	TOTAL ADOLFEE	
	tumn 1)	(Column 2)	(Cotumn 3)			٠	-WEFEE [-	
C C C REI	LAIMS HAINING FTER	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL	ſ	RATE	ADDI-
CO COT COT COT COT COT COT COT COT COT C	NDMENT Minus	PAIDFOR	/	X. ·	FEE	_		FEE.
(I) (ar cris 1.16(a))	Minus	7	-/-				X 8	
FIRST PRESENTATION C	× 5		o≈  -	X 5 = -				
	TOTAL			-				
* If the entry in column 1	is less than the entry i	n ontane 2	99° in aut	ADD'L FEE			ADD'L FEE	
"If the entry in column 1 is tess than the entry in column 2, write "O' in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".								

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "7.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1,16. The information is required to obtain or retain a benefit by the public which is to the fand by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 12 minutes to complete. On the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.